

Sterilizations

What is sterilization? [Refer to WAC 388-531-1550(1)]

Sterilization is any medical procedure, treatment, or operation for the purpose of rendering a client permanently incapable of reproducing (this includes vasectomies).

Note: MAA does not reimburse for hysterectomies performed solely for the purpose of sterilization. Refer to page H15, Hysterectomies.

When does MAA reimburse for sterilization?

[Refer to WAC 388-531-1550(2)]

MAA covers sterilization when all of the following apply:

- The client is at least 18 years of age at the time consent is signed;
- The client is a mentally competent individual;
- The client has **voluntarily** given informed consent (see page 1, Definitions) in accordance with all of the requirements defined under this Sterilizations section;
- At least 30 days, but not more than 180 days, have passed between the date the client gave informed consent and the date of the sterilization.

Note: MAA reimburses providers for sterilizations for managed care clients 18 through 20 years of age under the fee-for-service system.

Why do I need a DSHS-approved consent form?

Federal regulations prohibit payment for sterilization procedures until a properly completed consent form is received. To comply with this requirement, surgeons, anesthesiologists and assistant surgeons must obtain a copy of a completed consent form to attach to their claim. **No other form will be accepted.** The consent form may be obtained from the physician who performs the sterilization. MAA will deny a claim for a sterilization procedure received without a consent form. MAA will either return or deny a claim with an incomplete or improperly completed consent form.

The claim and completed consent form are to be submitted to the:

**DIVISION OF PROGRAM SUPPORT
PO BOX 9248
OLYMPIA WA 98507-9248**

Consent Form Requirements:

- ✓ The signatures and other information on the consent form must be legible.
- ✓ All blanks on the consent form must be completed except race, ethnicity, and interpreter's statement blanks.
- ✓ For sterilization of a client between 18 and 20 years of age, use the DSHS 13-364(x) Consent form.

Cross out age 21 in the following three places on the form and write in **18**.

- *Consent to Sterilization* section, **"I am at least 21..."**
- *Statement of Person Obtaining Consent* section, **"To the best of my knowledge....is at least 21..."**
- *Physician's Statement* section, **"To the best of my knowledge...is at least 21..."**

What if the physician who signs the consent form is not the physician who performs the sterilization?

The physician identified in the "Consent to Sterilization" section of DSHS 13-364x must be the same physician who completes the "Physician's Statement" section and performs the sterilization procedure. If the physician who signed the above referenced sections of the DSHS 13-364x Consent Form is not the physician performing the sterilization procedure, the client must sign and date a new Consent Form indicating the name of the physician performing the operation under the "Consent for Sterilization" section, at the time of the procedure. This amended consent must be attached to the initial DSHS 13-364(x) Consent Form before billing MAA. **Note: Both consent forms must be attached to each billing. The original consent must meet all of the consent requirements.**

Sample Completed Consent Forms:

See page H5 for a **REGULAR** consent form, page H8/H9 for examples of when an **AMENDED** consent form is necessary, and page H11 for a **BLANK** consent form. The blank consent form may be photocopied for your use.

To obtain a Consent Form (DSHS 13-364(x)), write or fax your request to:

**DSHS Warehouse
PO box 45816
Olympia, WA 98504-5816
FAX (360) 664-0597**

When does MAA waive the 30-day waiting period?

[WAC 388-531-1550(3)(4)]

MAA **does not require** the 30-day waiting period, **but does require** at least a 72-hour waiting period for sterilization in the following circumstances:

- At the time of premature delivery, the client gave consent at least 30 days before the expected date of delivery. The expected date of delivery must be documented on the consent form.
- For emergency abdominal surgery, the nature of the emergency must be described on the consent form.

MAA waives the 30-day consent waiting period for sterilization when the client requests that sterilization be performed at the time of delivery, **and** completes a sterilization consent form when one of the following circumstances applies:

- The client became eligible for Medical Assistance during the last month of pregnancy (*“NOT ELIGIBLE 30 DAYS BEFORE DELIVERY”*);
- The client did not obtain medical care until the last month of pregnancy (*“NO MEDICAL CARE 30 DAYS BEFORE DELIVERY”*); or
- The client was a substance abuser during pregnancy, but is not using alcohol or illegal drugs at the time of delivery (*“NO SUBSTANCE ABUSE AT THE TIME OF DELIVERY”*).

The provider must note on the HCFA-1500 claim form in field 19 or on the backup documentation, which of the above waiver conditions has been met. Required language is shown in parentheses. Electronic bills must indicate this information in the *Comments* field.

When does MAA not accept informed consent?

[Refer to WAC 388-531-1550(5)(6)]

MAA does not accept informed consent obtained when the client is in any of the following conditions:

- In labor or childbirth;
- Seeking to obtain or obtaining an abortion; or
- Under the influence of alcohol or other substances that affect the client’s state of awareness.

Additional Requirements for Sterilization of Mentally Incompetent or Institutionalized Clients

MAA has certain additional consent requirements that the provider must meet before MAA reimburses sterilization of a mentally incompetent or institutionalized client. MAA requires both of the following:

- A court order; and
- A sterilization consent form signed by the legal guardian, sent to MAA.

Reimbursement for Sterilization

MAA reimburses all attending providers for the sterilization procedure only when the provider submits an appropriate, completed DSHS-approved consent form with the claim for reimbursement. MAA reimburses after the procedure is completed.

MAA reimburses epidural anesthesia in excess of the six-hour limit for deliveries if sterilization procedures are performed in conjunction with or immediately following a delivery. MAA determines total billable units by:

- Adding the time for the sterilization procedure to the time for the delivery; and
- Determining the total billable units by adding together the delivery BAUs, the delivery time, and the sterilization time.
- The provider cannot bill separately for the BAUs for the sterilization procedure.

How to Complete the Sterilization Consent Form

The following numbers correlate to those listed on the following sample of the Sterilization Consent Form.

Consent to Sterilization

- 1 Doctor or Clinic – May be different than performing doctor if another physician takes over.
- 2 Procedure – Type of sterilization or vasectomy
- 3 Birthday of Client (Month, Day, Year)
- 4 Client's Name
- 5 Doctor – Physician that performed surgery, has to be the same name as the physician who signs on bottom right (see #16 below).
- 6 Procedure – Type of sterilization or vasectomy
- 7 Signature – Client's signature and dated 30 days prior to surgery date.

Statement of Person Obtaining Consent

- 8 Name of Individual – Patient name
- 9 Procedure – Type of sterilization or vasectomy
- 10 Signature of person obtaining consent and dated
- 11 Facility – Clinic or office name
- 12 Address – Physical address of clinic or office, city, state and zip code

Physician's Statement

- 13 Name: Individual to be sterilized – Client's name
- 14 Date: Sterilization Operation – Date of Service of sterilization
- 15 Specify type of operation – Name of procedure
- 16 Physician – Signature of doctor who performed the surgery and dated after, or not more than one week before, the surgery is performed and must be the same physician as #5 above. If not, the amended consent form (see page H9) must be attached to original consent containing the client signature, date and name of doctor who performed the sterilization.

Note: #13 through #16 may be left blank on the ORIGINAL consent form if you are attaching an AMENDED consent form (see instructions on page H7).



CONSENT FORM

SAMPLE: Regular

NOTE: Your decision at any time not to be sterilized will not result in the withdrawal or withholding of any benefits provided by programs or projects receiving Federal funds.

• CONSENT TO STERILIZATION •

I have asked for and received information about sterilization from (1) Dr. Tim Lu
DOCTOR OR CLINIC

When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Aid to Families with Dependent Children (AFDC) or Medicaid that I am now getting or for which I may become eligible.

I understand that the sterilization must be considered permanent and not reversible. I have decided that I do not want to become pregnant, bear children, or father children.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a (2) tubal ligation. The discomforts, risks, and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by Federally funded programs.

I am at least 21 years of age and was born on (3) 8/1/71
MONTH DAY YEAR
I, (4) Jane Doe, hereby consent

of my own free will to be sterilized by (5) Dr. Tim Lu
DOCTOR
by a method called (6) tubal ligation. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

- Representatives of the Department of Health and Human Services; or
- Employees of programs or projects funding by that department but only for determining if Federal laws were observed.

I have received a copy of this form.

(7) Jane Doe Date: 8/20/01
SIGNATURE MONTH DAY YEAR

You are requested to supply the following information, but it is not required. **RACE AND ETHNICITY DESIGNATION (PLEASE CHECK):**

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black (not of Hispanic origin) |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Hispanic |
| | <input type="checkbox"/> White (not of Hispanic origin) |

• INTERPRETER'S STATEMENT •

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also

read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

INTERPRETER

DATE

• STATEMENT OF PERSON OBTAINING CONSENT •

Before (8) Jane Doe signed the consent form, I explained to him/her the nature of the sterilization operation

DHHS 13-354 (X) (REV. 06/1997)

STATEMENT OF PERSON OBTAINING CONSENT (CONTINUED):

(9) tubal ligation, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

(10) Dr. Tim Lu Date: 8/20/01
SIGNATURE OF PERSON OBTAINING CONSENT

(11) US Clinic

(12) PO Box 123, Anywhere WA 98000

ADDRESS

• PHYSICIAN'S STATEMENT •

Shortly before I performed a sterilization operation upon (13) Jane Doe on

(14) 10/01/01 I explained to him/her the nature of the sterilization operation (15) tubal ligation, the fact that

it is intended to be a final and irreversible procedure and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(INSTRUCTIONS FOR USE OF ALTERNATIVE FINAL PARAGRAPHS:

Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

1. At least thirty (30) days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

2. This sterilization was performed less than thirty (30) days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- ☐ Premature delivery
Individual's expected date of delivery: _____
- ☐ Emergency abdominal surgery (describe circumstances): _____

(16) Dr. Tim Lu MD 10/01/01
PHYSICIAN DATE

How to Complete the Amended Consent Form

(see Sample B)

The following numbers correlate to those listed on the sample Amended Consent Form.

Consent to Sterilization

- 4 Client's name
- 5 Doctor or physician that performed surgery (same name as in 16).
- 6 Signature – Client's signature and current date.

Physician's Statement

- 13 Name: Individual to be sterilized – Client's name
- 14 Date: Sterilization Operation – Date of Service of sterilization
- 15 Specify type of operation – Name of procedure
- 16 Physician – Signature of doctor who performed the surgery and dated after, or not more than one week before, the surgery is performed.

Page H8 and H9 are samples for:

Instances when the physician who performs
the surgery is different from the physician
who signed the original consent form.

**Original and amended consent forms
must be stapled together and submitted with each claim.**



CONSENT FORM

SAMPLE A: Original

NOTE: Your decision at any time not to be sterilized will not result in the withdrawal or withholding of any benefits provided by programs or projects receiving Federal funds.

• CONSENT TO STERILIZATION •

I have asked for and received information about sterilization from (1) Dr. Tim Lu
DOCTOR OR CLINIC

When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Aid to Families with Dependent Children (AFDC) or Medicaid that I am now getting or for which I may become eligible.

I understand that the sterilization must be considered permanent and not reversible. I have decided that I do not want to become pregnant, bear children, or father children.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a (2) tubal ligation. The discomforts, risks, and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by Federally funded programs.

I am at least 21 years of age and was born on (3) 8/1/71
MONTH DAY YEAR

I, (4) Jane Doe, hereby consent of my own free will to be sterilized by (5) Dr. Tim Lu
DOCTOR by a method called (6) tubal ligation. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

- Representatives of the Department of Health and Human Services; or
- Employees of programs or projects funding by that department but only for determining if Federal laws were observed.

I have received a copy of this form.

(7) Jane Doe Date: 8/20/01
SIGNATURE MONTH DAY YEAR

You are requested to supply the following information, but it is not required. **RACE AND ETHNICITY DESIGNATION (PLEASE CHECK):**

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black (not of Hispanic origin) |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Hispanic |
| | <input type="checkbox"/> White (not of Hispanic origin) |

• INTERPRETER'S STATEMENT •

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also

read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

INTERPRETER

DATE

• STATEMENT OF PERSON OBTAINING CONSENT •

Before (8) Jane Doe signed the consent form, I explained to him/her the nature of the sterilization operation

NAME OF INDIVIDUAL

STATEMENT OF PERSON OBTAINING CONSENT (CONTINUED):

(9) tubal ligation, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

(10) Dr. Tim Lu Date: 8/20/01
SIGNATURE OF PERSON OBTAINING CONSENT

(11) US Clinic(12) PO Box 123, Anywhere WA 98000
FACILITY ADDRESS

• PHYSICIAN'S STATEMENT •

Shortly before I performed a sterilization operation upon

(13) on

(14) NAME: INDIVIDUAL TO BE STERILIZED, I explained to him/her the nature of

DATE: STERILIZATION OPERATION (15) the sterilization operation (15) SPECIFY TYPE OF OPERATION, the fact that

it is intended to be a final and irreversible procedure and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(INSTRUCTIONS FOR USE OF ALTERNATIVE FINAL PARAGRAPHS: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

1. At least thirty (30) days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

2. This sterilization was performed less than thirty (30) days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- ☐ Premature delivery
Individual's expected date of delivery: _____
- ☐ Emergency abdominal surgery (describe circumstances): _____

(16)

PHYSICIAN

DATE



CONSENT FORM

SAMPLE B: Amended

NOTE: Your decision at any time not to be sterilized will not result in the withdrawal or withholding of any benefits provided by programs or projects receiving Federal funds.

• CONSENT TO STERILIZATION •

I have asked for and received information about sterilization from _____ DOCTOR OR CLINIC

When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Aid to Families with Dependent Children (AFDC) or Medicaid that I am now getting or for which I may become eligible.

I understand that the sterilization must be considered permanent and not reversible. I have decided that I do not want to become pregnant, bear children, or father children.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a _____. The discomforts, risks, and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by Federally funded programs.

I am at least 21 years of age and was born on _____ MONTH DAY YEAR
I, (4) Jane Doe, hereby consent of my own free will to be sterilized by (5) Dr. Mary Williams DOCTOR by a method called _____. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:
• Representatives of the Department of Health and Human Services; or
• Employees of programs or projects funding by that department but only for determining if Federal laws were observed.

I have received a copy of this form.

(7) Jane Doe SIGNATURE Date: 10/01/01 MONTH DAY YEAR

You are requested to supply the following information, but it is not required. **RACE AND ETHNICITY DESIGNATION (PLEASE CHECK):**

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black (not of Hispanic origin) |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Hispanic |
| | <input type="checkbox"/> White (not of Hispanic origin) |

• INTERPRETER'S STATEMENT •

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also

read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

INTERPRETER

DATE

• STATEMENT OF PERSON OBTAINING CONSENT •

Before _____ NAME OF INDIVIDUAL signed the consent form, I explained to him/her the nature of the sterilization operation

STATEMENT OF PERSON OBTAINING CONSENT (CONTINUED):

_____, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

SIGNATURE OF PERSON OBTAINING CONSENT _____ Date: _____

FACILITY

ADDRESS

• PHYSICIAN'S STATEMENT •

Shortly before I performed a sterilization operation upon (13) Jane Doe on

(14) 10/01/01 NAME: INDIVIDUAL TO BE STERILIZED
DATE: STERILIZATION OPERATION I explained to him/her the nature of the sterilization operation (15) tubal ligation, the fact that SPECIFY TYPE OF OPERATION

it is intended to be a final and irreversible procedure and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(INSTRUCTIONS FOR USE OF ALTERNATIVE FINAL PARAGRAPHS:

Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

1. At least thirty (30) days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

2. This sterilization was performed less than thirty (30) days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- ☐ Premature delivery
Individual's expected date of delivery: _____
- ☐ Emergency abdominal surgery (describe circumstances): _____

(16) Mary Williams MD PHYSICIAN

10/01/01 DATE

NOTICE: ALL BLANKS MUST BE COMPLETED EXCEPT AS INDICATED BELOW

Instructions to the Patient for Completing Consent to Sterilization

1. In the first blank space, write the name of the doctor or clinic giving you the information.
2. In the second blank space, write the name of the operation.
3. In the next blank space, you must write the month, day, and year you were born.
4. Fill in the last five blanks as indicated. Be sure the doctor's name is the name of the physician who will actually perform the operation.
5. You are not required to fill out the "Race and Ethnicity" portion. It is optional.

Interpreter's Statement

This section of the form should be completed ONLY if interpretation into another language is required.

Statement of Person Obtaining Consent

1. Complete the first two blanks with the patient's name and the name of the procedure to be performed.
2. Fill in the last four blanks with your signature, date, name, and address of the facility.

Physician's Statement

1. Complete the first three blanks with the name of the individual to be sterilized, the date of the sterilization operation, and the specific type of operation.
2. Cross out the "alternative final paragraph" if inappropriate.
3. The performing surgeon must sign. The date given below the signature must either be the date of the sterilization or a date which follows the sterilization.
4. The performing surgeon's name must appear in the ***sterilized by*** blank in the CONSENT TO STERILIZATION section.



CONSENT FORM

NOTE: Your decision at any time not to be sterilized will not result in the withdrawal or withholding of any benefits provided by programs or projects receiving Federal funds.

• CONSENT TO STERILIZATION •

I have asked for and received information about sterilization from _____ DOCTOR OR CLINIC

When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Aid to Families with Dependent Children (AFDC) or Medicaid that I am now getting or for which I may become eligible.

I understand that the sterilization must be considered permanent and not reversible. I have decided that I do not want to become pregnant, bear children, or father children.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a _____. The discomforts, risks, and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by Federally funded programs.

I am at least 21 years of age and was born on _____ MONTH DAY YEAR

I, _____, hereby consent of my own free will to be sterilized by _____ DOCTOR by a method called _____. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

- Representatives of the Department of Health and Human Services; or
- Employees of programs or projects funding by that department but only for determining if Federal laws were observed.

I have received a copy of this form.

SIGNATURE Date: _____ MONTH DAY YEAR

You are requested to supply the following information, but it is not required. **RACE AND ETHNICITY DESIGNATION (PLEASE CHECK):**

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black (not of Hispanic origin) |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Hispanic |
| | <input type="checkbox"/> White (not of Hispanic origin) |

• INTERPRETER'S STATEMENT •

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also

read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

INTERPRETER DATE

• STATEMENT OF PERSON OBTAINING CONSENT •

Before _____ signed the consent form, I explained to him/her the nature of the sterilization operation

STATEMENT OF PERSON OBTAINING CONSENT (CONTINUED):

_____, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

SIGNATURE OF PERSON OBTAINING CONSENT Date: _____

FACILITY

ADDRESS

• PHYSICIAN'S STATEMENT •

Shortly before I performed a sterilization operation upon _____ on

NAME: INDIVIDUAL TO BE STERILIZED

_____, I explained to him/her the nature of the sterilization operation _____, the fact that

SPECIFY TYPE OF OPERATION

it is intended to be a final and irreversible procedure and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(INSTRUCTIONS FOR USE OF ALTERNATIVE FINAL PARAGRAPHS: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

1. At least thirty (30) days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

2. This sterilization was performed less than thirty (30) days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- ☐ Premature delivery
Individual's expected date of delivery: _____
- ☐ Emergency abdominal surgery (describe circumstances): _____

PHYSICIAN

DATE

NOTICE: ALL BLANKS MUST BE COMPLETED EXCEPT AS INDICATED BELOW

Instructions to the Patient for Completing Consent to Sterilization

1. In the first blank space, write the name of the doctor or clinic giving you the information.
2. In the second blank space, write the name of the operation.
3. In the next blank space, you must write the month, day, and year you were born.
4. Fill in the last five blanks as indicated. Be sure the doctor's name is the name of the physician who will actually perform the operation.
5. You are not required to fill out the "Race and Ethnicity" portion. It is optional.

Interpreter's Statement

This section of the form should be completed ONLY if interpretation into another language is required.

Statement of Person Obtaining Consent

1. Complete the first two blanks with the patient's name and the name of the procedure to be performed.
2. Fill in the last four blanks with your signature, date, name, and address of the facility.

Physician's Statement

1. Complete the first three blanks with the name of the individual to be sterilized, the date of the sterilization operation, and the specific type of operation.
2. Cross out the "alternative final paragraph" if inappropriate.
3. The performing surgeon must sign. The date given below the signature must either be the date of the sterilization or a date which follows the sterilization.
4. The performing surgeon's name must appear in the ***sterilized by*** blank in the CONSENT TO STERILIZATION section.

Hysterectomies

[Refer to WAC 388-531-1550(10)]

- Hysterectomy will be reimbursed only for medical reasons unrelated to sterilization.
- Prior authorization is not required in either of the following circumstances:
 - ✓ The client has been diagnosed with cancer(s) of the female reproductive organs; and/or
 - ✓ The client is 46 years of age or older.
- Use MAA's expedited prior authorization process for clients 45 years of age and younger who have not been diagnosed with cancer(s) of the female reproductive organs. See Section I – Authorizations.
- Federal regulations prohibit payment for hysterectomy procedures until a properly completed consent form is received. To comply with this requirement, surgeons, anesthesiologists and assistant surgeons must obtain a copy of a completed DSHS-approved consent form to attach to their claim.
- Claims for a hysterectomy procedure without a DSHS-approved consent form will be denied.
- A claim with an incomplete DSHS-approved consent form will be returned or denied.
- The claim and completed DSHS-approved consent form are to be submitted to the:

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PO BOX 9248
OLYMPIA WA 98507-9248**

- A completed sample consent form follows this page. A blank consent form, which may be photocopied for your use, follows the sample. Any consent form may be used, but it must contain all the consent requirements listed below:
 - ✓ Client's Name
 - ✓ Reason for hysterectomy
 - ✓ Physician's signature
 - ✓ Client's signature

SAMPLE HYSTERECTOMY FORM...TO BE INCLUDED

BLANK HYSTERECTOMY FORM

BACK OF BLANK HYSTERECTOMY FORM